## FILED Sep 05, 2006 8:00 am Secretary of State

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	ANNUAL REPORT	

ANNUAL REPURI							Secretary of State				
1. Entity Nam	ne	# P05000005	5314					90025 038 ***1			
MINIX TURF-PRO, INC											
Principal Place	e of Business		Mailing Address			1 . ~	AAAAATZ				
2410 CHAFFEE RD. S.			2410 CHAFFEE RD. S.								
JACKSONVILL		1	JACKSONVILLE, FL 32221								
2. Principal P			3. Mailing Address 63 68 FILESTONE RD					i datii baigi biiba iiigi iibii b			
6368 FIXE STOVE RD			63 68 FileStone RD   Suite, Apt. #, etc.			-					
Suite, Apt. #, etc.			Suite, Apr. #, etc.			08242006	Chg-P	CR2E034 (11/05)	ı		
City & State	e		City & State			4. FEI Numbe			pplied For		
JACK So	NVITE	Florio A	JACKSONVILLE	Flori	0 <del>1</del>	15 -	317811	60 II	ot Applicable		
Zip		Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75 AG			
32244		USA	32244	USA				Fee Requir	ed		
	6. Name a	and Address of Current	Registered Agent	Name			Address of New Re	agistered Agent			
MINIX, JEF	DEMVI				X	Em x	milkix		,		
,	FFEE RD.	s		Street A	ddress (	P.O. Box Numbe	r is Not Acceptable	)			
	VILLE, FL			63	68	FIRE ST	DNE KU				
				City	4.46		• .	FL Zip Cod	<sup>је</sup> 2.44		
	4				CK SOI	الماري الماري	<u> </u>				
	e named entity tions of registe		or the purpose of changing its re	egisterea onice d	register	eo agent, or bot	n, in the State of Flo	noa. Tanrianiliai wiii	, and accept		
~	//	, D.					8-	29-06	İ		
SIGNATURE	***	printed naive of registered agent		Registered Agent signa	t un rom uro	Luban reinstation)		DATE			
	Sigirature, typed o	r princed nable or registered agent	and the rapplicable. (NOTE: )	negistered Agent signa	ture required			DAIL			
EII	I E NOWIII	FEE IS \$150.00	9. Election Campaign	n Financing	\$5	.00 May Be	In accordance w	vith s. 607.193(2)(b)	FS the		
		tember 6, 2006	Trust Fund Contrib			ed to Fees		not receive the prior			
·			DIDECTORS.			ACCUTIONS	OLIANOSO TO OFFI	CERS AND DIRECTOR	OC IN 11		
10.	P	OFFICERS AND		11.	1 .			Change	Addition		
TITLE NAME	MINIX, JEF	REMY	☐ Detete	TITLE NAME	mi	NIX , JERE	my L	E Ghange	L Addition		
STREET ADDRESS		FFEE RD. S.		STREET ADDRESS	636	, R FILES	PONE KO		ļ		
CITY-ST-ZIP	1	VILLE, FL 32221		CITY-ST-ZIP	SAL	KSONUTHE	FL 32244	1			
TITLE		·	☐ Delete	TITLE	1		11.	☐ Change	☐ Addition		
NAME			_ Dunio	NAME					_		
STREET ADORESS	1			STREET ADDRESS					j		
CITY-ST-ZIP				CITY-ST-ZIP					j		
TITLE			☐ Delete	TITLE			•	☐ Change	☐ Addition		
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CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>						
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition		
NAME	1			NAME					i		
STREET ADDRESS				STREET ADDRESS CITY-ST-ZIP							
CITY-\$T-ZIP					-				C A A Property		
f MTLE			☐ Delete	TITLE	!			☐ Change	- 🔲 Addition		
NAME STREET ADDRESS				NAME STREET ADDRESS					j		
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. TITLE - NAME			☐ Delete	TITLE NAME				change			
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
	certify that the	information supplied wit	h this filing does not qualify for		containe	d in Chapter 119	, Florida Statutes. I	further certify that the	information		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNAT		1 2-	12			8-	29-06	904-777-45	78		
JONAI	IUKE:	X VIII VIII VIII VIII VIII VIII VIII VI	BONGED HAVE OF SIGNING OFFICER O	n Dinecton			Date	Davtime Phone 4			